

TO: Radiation Facilities

From: Mary C. Stiker  
Radiation Machine Coordinator  
317/233-7563

SUBJECT: Facility Registration

To maintain an up-to-date and legally valid x-ray machine registration, this office must have a signed application on file in the Division of Medical Radiology Services. Although you may have signed an application at some time in the past, these need to be updated periodically. Please fill out **both sides** of the registration form. If you need assistance in filling out the machine, contact your physicist or our office.

Thank you for taking the time to complete this important task. Please make any other additions, deletions, or corrections necessary to keep this application current.

If you have any questions, please feel free to contact my contact me at 317/233-7563. My e-mail address is [mstiker@isdh.in.gov](mailto:mstiker@isdh.in.gov).

ENCLOSURE